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APPENDIX 3 – Annual Report Forms for Cities, Towns and Counties Covered under the Eastern Washington Phase II Municipal Stormwater Permit

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Eastern Washington Phase II Municipal Stormwater Permit

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First Year Annual Report

Two printed copies and one electronic copy of this report are due to Ecology by March 31 following the reporting period (*S9 Reporting Requirements*). The reporting period is the previous calendar year. Complete sections I through VI. Do not leave any questions blank.

I. Permittee Information

<i>Permittee Name</i>		<i>Permit Coverage Number</i>
<i>Contact Name</i>		<i>Phone Number</i>
<i>Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip + 4</i>
<i>Email Address</i>		

II. Regulated Small MS4 Location

<i>Jurisdiction</i>
<i>Entity Type</i> <input type="checkbox"/> County <input type="checkbox"/> City or Town <input type="checkbox"/> Other _____
<i>Major receiving water(s)</i>

III. Relying on another Governmental Entity

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June 17, 2009

Appendix 3 – Annual Report for Cities, Towns and Counties

Page 1 of 4

If you are relying on another governmental entity to satisfy one or more of the permit obligations, list the entity and the permit obligation they are implementing on your behalf below. ***Attach a copy of your agreement with the other entity (unless previously submitted).***

IV. Certification

Must be signed by the responsible official(s) of permittee or co-permittees

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that Qualified Personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for willful violations.

Name _____ Title _____ Date _____

Name _____ Title _____ Date _____

Name _____ Title _____ Date _____

V. Submittal

If you are using this format instead of the Excel format from the Ecology website, deliver two printed and signed copies and one electronic copy (send CD ROM in MS Word format) of this report by March 31, 2008 to:

Department of Ecology
Water Quality Program
Municipal Stormwater Permits
P.O. Box 47696
Olympia, WA 98504-7696

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VI. Status Report For the First Year Annual Report due March 31, 2008

Answer all the questions. If your answer is “No,” then in the *Comments* field provide the reasons why, corrective steps taken and proposed, and expected dates that the deadline will be met. If the requirement does not apply to you, mark “NA” and you may explain why it does not apply to you in the *Comments* field.

1. YES ☐ NO ☐ **Attached** annual written update of Permittee’s Stormwater Management Program (SWMP), including applicable requirements under S5.A.3 and S9.

Comments:

2. YES ☐ NO ☐
NA ☐ **Attached** a copy of any annexations, incorporations or boundary changes resulting in an increase or decrease in the Permittee’s geographic area of permit coverage during the reporting period, and implications for the SWMP as per S9.E.3.

Comments:

3. YES ☐ NO ☐
NA ☐ Have NPDES permit coverage for all applicable construction projects and industrial facilities. (S5.B.6.a.i)

Comments:

4. YES ☐ NO ☐ Provided information to construction site operators and design professionals about training available on how to comply with the MTRs in Appendix 1 and the BMPs in the SWMMEW, or an equivalent document? (S5.B.4.d)

Comments:

5. YES ☐ NO ☐
NA ☐ Notified Ecology of the failure to comply with the permit terms and conditions within 30 days of becoming aware of the non-compliance? (G20.B)

Comments:

6. YES ☐ NO ☐
NA ☐ Notified Ecology immediately in cases where the Permittee becomes aware of a discharge from the Permittees MS4 which may cause or contribute to an imminent threat to human health or the environment? (G3 and G20.C)

Comments:

7. YES ☐ NO ☐ Attached a summary of the status of implementation of any actions taken

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NA ☐ pursuant to S4.F, and any information from an assessment and evaluation procedures collected during the reporting period. (S4.F.2.d)

Comments:

Information Collection complete sections A, B and C for the annual reporting period (S8.A, S8.B and S9)

List below either the results of information collected and analyzed during the reporting period, including monitoring data (if any) and how to contact for additional information OR summarize the results of information collected and indicate how more complete information can be obtained.

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Second Year Annual Report due March 31, 2009

Two printed copies and one electronic copy of this report are due to Ecology by March 31, 2009 period (S9 Reporting Requirements). The reporting period is January 1, 2008 to December 31, 2008. Complete sections I through VI. Do not leave any questions blank.

I. Permittee Information

<i>Permittee Name</i>		<i>Permit Coverage Number</i>
<i>Contact Name</i>		<i>Phone Number</i>
<i>Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip + 4</i>
<i>Email Address</i>		

II. Regulated Small MS4 Location

<i>Jurisdiction</i>
<i>Entity Type</i> <input type="checkbox"/> County <input type="checkbox"/> City or Town <input type="checkbox"/> Other _____
<i>Major receiving water(s)</i>

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III. Relying on another Governmental Entity

If you are relying on another governmental entity to satisfy one or more of the permit obligations, list the entity and the permit obligation they are implementing on your behalf below. ***Attach a copy of your agreement with the other entity (unless previously submitted).***

IV. Certification

Must be signed by the responsible official(s) of permittee or co-permittees

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that Qualified Personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for willful violations.

Name _____ Title _____ Date _____

Name _____ Title _____ Date _____

Name _____ Title _____ Date _____

V. Submittal

If you are using this format instead of the Excel format from the Ecology website, deliver two printed and signed copies and one electronic copy (send CD ROM in MS Word format) of this report by March 31, 2009:

Department of Ecology
Water Quality Program
Municipal Stormwater Permits
P.O. Box 47696
Olympia, WA 98504-7696

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VI. Status Report For the Second Annual Report

Answer all the questions. If your answer is “No,” then in the *Comments* field provide the reasons why, corrective steps taken and proposed, and expected dates that the deadline will be met. If the requirement does not apply to you, mark “NA.”

1. YES ☐ NO ☐ **Attached** annual written update of Permittee’s Stormwater Management Program (SWMP), including applicable requirements under S5.A.3 and S9.

Comments:

2. YES ☐ NO ☐
NA ☐ **Attached** a copy of any annexations, incorporations or boundary changes resulting in an increase or decrease in the Permittee’s geographic area of permit coverage during the reporting period, and implications for the SWMP as per S9.E.3.

Comments:

S5.B.2 Public Involvement and Participation

3. YES ☐ NO ☐ **Attached** description of program or policy directive to create opportunities for the public to provide input on the development, implementation and update of the SWMP, including the development and adoption of required ordinances. (S5.B.2.a and S9.E.2.c)

Comments:

4. YES ☐ NO ☐ Made the most current version of the SWMP available to the public. If posted on website, list address. (S5.B.2.b)

Comments:

S5.B.4 Construction Site Stormwater Runoff Control

5. YES ☐ NO ☐ Provided information to construction site operators about training available on how to install and maintain effective erosion and sediment controls and how to comply with the requirements of Appendix 1 and apply the BMPs in the *Stormwater Management Manual for Eastern Washington* or an equivalent document. (S5.B.4.d)

Comments:

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S5.B.5 Post-Construction Stormwater Management for New Development and Redevelopment

6. YES ☐ NO ☐ Provided information to design professionals about training available how to comply with the requirements of Appendix 1 and apply the BMPs in the *Stormwater Management Manual for Eastern Washington* or an equivalent document. (S5.B.5.e)

Comments:

S5.B.6 Pollution Prevention and Good Housekeeping for Municipal Operations

7. YES ☐ NO ☐ Have obtained NPDES permit coverage for all applicable construction projects and industrial facilities. (S5.B.6.a.i)

Comments:

General Conditions

8. YES ☐ NO ☐ Notified Ecology of the failure to comply with the permit terms and conditions within 30 days of becoming aware of the non-compliance? (G20.B)

Comments:

-
9. YES ☐ NO ☐ Notified Ecology immediately in cases where the Permittee becomes aware of a discharge from the Permittees MS4 which may cause or contribute to an imminent threat to human health or the environment? (G20.C)

Comments:

S4 Compliance with Standards

10. YES ☐ NO ☐ **Attached** a summary of the status of implementation of any actions taken pursuant to S4.F, and any information from an assessment and evaluation procedures collected during the reporting period. (S4.F.2.d)

Comments:

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Information Collection (S8.B.1)

List below either the results of information collected and analyzed during the reporting period, including monitoring data (if any) and how to contact for additional information OR summarize the results of information collected and indicate how more complete information can be obtained.

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Third Year Annual Report due March 31, 2010

Two printed copies and one electronic copy of this report are due to Ecology by March 31, 2010 (S9 Reporting Requirements). The reporting period is January 1, 2009 through December 31, 2009. Complete sections I through VI. Do not leave any questions blank.

I. Permittee Information

<i>Permittee Name</i>		<i>Permit Coverage Number</i>
<i>Contact Name</i>		<i>Phone Number</i>
<i>Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip + 4</i>
<i>Email Address:</i>		

II. Regulated Small MS4 Location

<i>Jurisdiction</i>
<i>Entity Type</i> <input type="checkbox"/> County <input type="checkbox"/> City or Town <input type="checkbox"/> Other _____
<i>Major receiving water(s)</i>

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III. Relying on another Governmental Entity

If you are relying on another governmental entity to satisfy one or more of the permit obligations, list the entity and the permit obligation they are implementing on your behalf below. **Attach a copy of your agreement with the other entity (unless previously submitted).**

IV. Certification

Must be signed by the responsible official(s) of permittee or co-permittees

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that Qualified Personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for willful violations.

Name_____Title_____Date_____

Name_____Title_____Date_____

Name_____Title_____Date_____

V. Submittal

If you are using this format instead of the Excel format from the Ecology website, deliver two printed and signed copies and one electronic copy (send CD ROM in MS Word format) of this report by March 31, 2010 to:

Department of Ecology

Water Quality Program

Municipal Stormwater Permits

P.O. Box 47696

Olympia, WA 98504-7696

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VI. Status Report For the Third Annual Report

Answer all the questions. If your answer is “No,” then in the *Comments* field provide the reasons why, corrective steps taken and proposed, and expected dates that the deadline will be met. If the requirement does not apply to you, mark “NA.”

1. YES ☐ NO ☐ **Attached** annual written update of Permittee’s Stormwater Management Program (SWMP), including applicable requirements under S5.A.3 and S9.

Comments:

2. YES ☐ NO ☐
NA ☐ **Attached** a copy of any annexations, incorporations or boundary changes resulting in an increase or decrease in the Permittee’s geographic area of permit coverage during the reporting period, and implications for the SWMP as per S9.E.3.

Comments:

3. YES ☐ NO ☐ Began tracking or estimating the cost of development and implementation of the SWMP. (S5.A.4.a.ii)

Comments:

S5.B.2 Public Involvement and Participation

4. YES ☐ NO ☐ Implementing a program or policy with opportunities for the public to participate in the decision making processes involving the development, implementation and updates of the Permittee’s SWMP. (S5.B.2.a)

Comments:

5. YES ☐ NO ☐ Made the most current version of the SWMP available to the public. If posted on website, list address. (S5.B.2.b)

Comments:

S5.B.3 Illicit Discharge Detection and Elimination

6. YES ☐ NO ☐ Adopted an ordinance or other regulatory mechanism to prohibit illicit discharges and authorize enforcement actions, including on private property. (S5.B.3.b.i through viii)

Comments:

7. YES ☐ NO ☐ Publicized a hotline or other local telephone number for public reporting of illicit discharges, **including spills**. **Attach** a summary of all reports

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received and follow-up actions taken during the reporting period.
(S5.B.3.d.ii)

Comments:

8. YES ☐ NO ☐ Provided adequate training to all staff responsible for identification, investigation, termination, cleanup and reporting of illicit discharges, and illicit connections. (S5.B.3.f)

Deleted: including spills, improper disposal,

Comments:

S5.B.4 Construction Site Stormwater Control

9. YES ☐ NO ☐ Provided information to construction site operators and design professionals about training available on how to install and maintain effective erosion and sediment controls and how to comply with the requirements in Appendix 1 and the BMPs in the *Stormwater Management Manual for Eastern Washington*, or an approved equivalent. (S5.B.4.d)

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Comments:

S5.B.6. Pollution Prevention and Good Housekeeping for Municipal Operations

10. YES ☐ NO ☐ Have NPDES permit coverage for all applicable construction projects and industrial facilities. (S5.B.6.a.i)

Comments:

11. YES ☐ NO ☐ Notified Ecology of the failure to comply with the permit terms and conditions within 30 days of becoming aware of the non-compliance. (G20)

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Comments:

General Conditions

12. YES ☐ NO ☐ Notified Ecology immediately in cases where the Permittee becomes aware of a discharge into or from the Permittees MS4 which could constitute an imminent threat to human health, welfare, or the environment. (G3)

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13. YES ☐ NO ☐ Took appropriate action to correct or minimize discharges into or from the MS4 which could constitute a threat to human health, welfare, or the environment. (G3.A)

Comments:

S4 Compliance with Standards

14. YES ☐ NO ☐ Attached a summary of the status of implementation of any actions taken pursuant to S4.F, and the results of monitoring, assessment, and evaluation efforts conducted during the reporting period. (S4.F.3.d)

NA ☐

Comments:

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Information Collection (S8.B.1)

List below either the results of information collected and analyzed during the reporting period, including monitoring data (if any) and how to contact for additional information OR summarize the results of information collected and indicate how more complete information can be obtained.

B. SWMP Evaluation (S8.B & S9)

You are required to assess the appropriateness of the BMPs you have selected to implement your SWMP. This evaluation is necessary to evaluate whether the MEP standard set by the permit is protective of water quality in your receiving water bodies. This assessment may be entirely qualitative. Select "N/A" if you are not yet fully implementing the entire program of BMPs for a component of the SWMP.

1. YES ☐ NO ☐ Are the BMPs selected and implemented for Public Outreach appropriate

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NA ☐ to minimize pollutants in the MS4 to the MEP? (S8.B)

Comments:

2. YES ☐ NO ☐ Are the BMPs selected and implemented for Public Involvement
NA ☐ appropriate to minimize pollutants in the MS4 to the MEP? (S8.B)

Comments:

3. YES ☐ NO ☐ Are the BMPs selected and implemented for Illicit Discharge
NA ☐ Detection and Elimination appropriate to minimize pollutants in the MS4
to the MEP? (S8.B)

Comments:

4. YES ☐ NO ☐ Are the BMPs selected and implemented for Construction
NA ☐ Stormwater Pollution Prevention appropriate to minimize pollutants in the
MS4 to the MEP?

Comments:

5. YES ☐ NO ☐ Are the BMPs selected and implemented for Post-Construction
NA ☐ Runoff Management appropriate to minimize pollutants in the MS4 to the
MEP? (S8.B)

Comments:

6. YES ☐ NO ☐ Are the BMPs selected and implemented for Good Housekeeping
NA ☐ for Municipal Operations appropriate to minimize pollutants in the MS4 to
the MEP? (S8.B)

Comments:

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C. Changes in BMPs or objectives (S8.B)

If any of the BMPs or objectives is being changed, list the old BMP and objective, the new BMP and objective, and a justification for the change below.	
1. Old BMP:	Old Objective:
2. New BMP:	New Objective:
Justification for change:	
1. Old BMP:	Old Objective:
2. New BMP:	New Objective:
Justification for change:	

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Fourth Year Annual Report due March 31, 2011

Two printed copies and one electronic copy of this report are due to Ecology by March 31, 2011 (S9 Reporting Requirements). The reporting period is January 1, 2010 through December 31, 2010. Complete sections I through VI. Do not leave any questions blank.

I. Permittee Information

<i>Permittee Name</i>		<i>Permit Coverage Number</i>
<i>Contact Name</i>		<i>Phone Number</i>
<i>Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip + 4</i>
<i>Email Address</i>		

II. Regulated Small MS4 Location

<i>Jurisdiction</i>		
<i>Entity Type</i> <input type="checkbox"/> County <input type="checkbox"/> City or Town <input type="checkbox"/> Other _____		
<i>Major receiving water(s)</i>		

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III. Relying on another Governmental Entity

If you are relying on another governmental entity to satisfy one or more of the permit obligations, list the entity and the permit obligation they are implementing on your behalf below. **Attach a copy of your agreement with the other entity (unless previously submitted).**

IV. Certification

Must be signed by the responsible official(s) of permittee or co-permittees

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that Qualified Personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for willful violations.

Name_____Title_____Date_____

Name_____Title_____Date_____

Name_____Title_____Date_____

V. Submittal

If you are using this format instead of the Excel format from the Ecology website, deliver two printed and signed copies and one electronic copy (send CD ROM in MS Word format) of this report by March 31, 2011 to:

Department of Ecology
Water Quality Program
Municipal Stormwater Permits
P.O. Box 47696
Olympia, WA 98504-7696

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VI. Status Report For the Fourth Year Annual Report

Answer all the questions. If your answer is “No,” then in the *Comments* field provide the reasons why, corrective steps taken and proposed, and expected dates that the deadline will be met. If the requirement does not apply to you, mark “NA.”

S5 Stormwater Management Program

1. YES ☐ NO ☐ **Attached** annual written update of Permittee’s Stormwater Management Program (SWMP), including applicable requirements under S5.A.3 and S9.

Comments:

-
2. YES ☐ NO ☐
NA ☐ **Attached** a copy of any annexations, incorporations or boundary changes resulting in an increase or decrease in the Permittee’s geographic area of permit coverage during the reporting period, and implications for the SWMP as per S9.E.3.

Comments:

-
3. YES ☐ NO ☐ Tracked or estimated the cost of development and implementation of the SWMP? (S5.A.4.a.ii)

Comments:

S5.B.1 Public Education and Outreach

4. YES ☐ NO ☐ Identified and characterized target audiences for public outreach efforts. **Attach** a description of the target audiences. (S5.B.1.a)

Comments:

S5.B.2 Public Involvement and Participation

5. YES ☐ NO ☐ Implementing a program or policy with opportunities for the public to participate in the decision making processes involving the development, implementation and updates of the Permittee’s SWMP. (S5.B.2.a)

Comments:

-
6. YES ☐ NO ☐ Made the most current version of the SWMP available to the public. If posted on website, list address. (S5.B.2.b)

Comments:

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S5.B.3 Illicit Discharge Detection and Elimination

7. YES ☐ NO ☐ Publicized a hotline or other local telephone number for public reporting of illicit discharges, including spills. **Attach** a summary of all reports received and follow-up actions taken during the reporting period. (S5.B.3.d.ii)

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Comments:

8. YES ☐ NO ☐ Completed at least one-third of the map of your MS4. **Attach** a summary of the status of the mapping and updated storm drainage infrastructure information; do not include the map. (S5.B.3.a.i)

Comments:

9. YES ☐ NO ☐ Prioritized receiving waters for visual inspection to identify previously unknown outfalls. (S5.B.3.c)

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Comments:

10. YES ☐ NO ☐ Provided adequate training to all staff responsible for identification, investigation, termination, cleanup, and reporting of illicit discharges including spills, improper disposal, and illicit connections. (S5.B.3.c)

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Comments:

S5.B.4 Construction Site Stormwater Runoff Control

11. YES ☐ NO ☐ Provided information to construction site operators and design professionals about training available on how to comply with the requirements in Appendix 1 and the BMPs in the *Stormwater Management Manual for Eastern Washington*, or an equivalent document? (S5.B.4.d and S5.B.5.e)

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Comments:

12. YES ☐ NO ☐ Adopted an ordinance or other regulatory mechanism to require erosion and sediment controls and other construction-phase stormwater pollution controls at new development and redevelopment projects. (S5.B.4.a)

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Deleted: 12. YES ☐ NO ☐ . Provided adequate training for all staff involved in permitting, plan review, field inspection, and enforcement for construction site runoff control. (S5.B.4.b.ii and S5.B.4.c.ii)*

→ Comments: *

Comments:

13. YES ☐ NO ☐ If applicable, retained existing local requirements to apply stormwater

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NA ☐ controls at smaller sites. (S5.B.6.a.i)

Comments:

S5.B.5 Post-Construction Stormwater Management for New Development and Redevelopment

14. YES ☐ NO ☐ Adopted an ordinance or other regulatory mechanism to require post-construction stormwater controls at new development and redevelopment projects. (S5.B.5.a)

Comments:

Deleted: 15. YES ☐ NO ☐ Provided adequate training for all staff involved in permitting, planning, review, inspection and enforcement for post-construction stormwater management. (S5.B.5.d)

→ Comments:

S5.B.6 Pollution Prevention and Good Housekeeping for Municipal Operations

15. YES ☐ NO ☐ Have NPDES permit coverage for stormwater discharges for all applicable construction projects and industrial facilities. (S5.B.6.a.i)

Comments:

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→ Comments:

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→ Number of facilities inspected during the reporting period: _____ (S5.B.6.a.ii)

→ Comments:

S8 Monitoring and Program Evaluation

16. YES ☐ NO ☐ Attached a summary of the status of identification of sites for stormwater monitoring, if applicable. (S8.C.2.a.i)

Comments:

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→ Comments:

17. YES ☐ NO ☐ Attached a summary of proposed questions for the SWMP effectiveness monitoring and status of developing the monitoring plan, if applicable. (S8.C.2.a.ii)

Comments:

20. YES ☐ NO ☐ Provided adequate training for staff with primary construction, operations, or maintenance job functions that are likely to impact water quality. (S5.B.6.b)

→ Comments:

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Deleted: 23. YES ☐ NO ☐ Attached information identifying the BMP(s) selected for runoff

→ NA ☐ treatment BMP effectiveness, and describes the status of identification of sites, if applicable. (S8.C.2.a.iii)

→ Comments:

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General Conditions

18. YES ☐ NO ☐ Notified Ecology of the failure to comply with the permit terms and conditions within 30 days of becoming aware of the non-compliance? (G20)

Comments:

19. YES ☐ NO ☐ Notified Ecology immediately in cases where the Permittee becomes
NA ☐ aware of a discharge into or from the Permittees MS4 which could
constitute an imminent threat to human health, welfare, or the
environment? (G3)

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Comments:

20. YES ☐ NO ☐ Took appropriate action to correct or minimize discharges into or from the
MS4 which could constitute a threat to human health, welfare, or the
environment. (G3.A)

Comments:

S4 Compliance with Standards

21. YES ☐ NO ☐ Attached a summary of the status of implementation of any actions taken
NA ☐ pursuant to S4.F, and the results of any monitoring, assessment and
evaluation efforts conducted during the reporting period. (S4.F.3.d)

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evaluation procedures collected

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Comments:

A. Information Collection (S8.B.1 & S9)

List below either the results of information collected and analyzed during the reporting period,
including monitoring data (if any) and how to contact for additional information OR summarize
the results of information collected and indicate how more complete information can be obtained.

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B. Evaluation of your SWMP (S8.B & S9)

You are required to assess the appropriateness of the BMPs you have selected to implement your SWMP. This evaluation is necessary to evaluate whether the MEP standard set by the permit is protective of water quality in your receiving water bodies. This assessment may be entirely qualitative. Select "N/A" if you are not yet fully implementing the entire program of BMPs for a component of the SWMP.

1. YES ☐ NO ☐ Are the BMPs selected and implemented for Public Outreach appropriate to minimize pollutants in the MS4 to the MEP? (S8.B)
NA ☐

Comments:

2. YES ☐ NO ☐ Are the BMPs selected and implemented for Public Involvement appropriate to minimize pollutants in the MS4 to the MEP? (S8.B)
NA ☐

Comments:

3. YES ☐ NO ☐ Are the BMPs selected and implemented for Illicit Discharge Detection and Elimination appropriate to minimize pollutants in the MS4 to the MEP? (S8.B)
NA ☐

Comments:

4. YES ☐ NO ☐ Are the BMPs selected and implemented for Construction Stormwater Pollution Prevention appropriate to minimize pollutants in the MS4 to the MEP?
NA ☐

Comments:

5. YES ☐ NO ☐ Are the BMPs selected and implemented for Post-Construction Runoff Management appropriate to minimize pollutants in the MS4 to the MEP? (S8.B)
NA ☐

Comments:

6. YES ☐ NO ☐ Are the BMPs selected and implemented for Good Housekeeping for Municipal Operations appropriate to minimize pollutants in the MS4 to the MEP? (S8.B)
NA ☐

Comments:

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C. Changes in BMPs or objectives (S8.B)

If any of the BMPs or objectives is being changed, list the old BMP and objective, the new BMP and objective, and a justification for the change below.	
1. Old BMP:	Old Objective:
2. New BMP:	New Objective:
Justification for change:	
1. Old BMP:	Old Objective:
2. New BMP:	New Objective:
Justification for change:	

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Fifth Year Annual Report due March 31, 2012

Two printed copies and one electronic copy of this report are due to Ecology by March 31, 2012 (S9 Reporting Requirements). The reporting period is January 1, 2011 through December 31, 2011. Complete sections I through VI. Do not leave any questions blank.

I. Permittee Information

<i>Permittee Name</i>		<i>Permit Coverage Number</i>
<i>Contact Name</i>		<i>Phone Number</i>
<i>Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip + 4</i>
<i>Email Address</i>		

II. Regulated Small MS4 Location

<i>Jurisdiction</i>
<i>Entity Type</i> <input type="checkbox"/> County <input type="checkbox"/> City or Town <input type="checkbox"/> Other _____
<i>Major receiving water(s)</i>

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III. Relying on another Governmental Entity

If you are relying on another governmental entity to satisfy one or more of the permit obligations, list the entity and the permit obligation they are implementing on your behalf below. ***Attach a copy of your agreement with the other entity (unless previously submitted).***

IV. Certification

Must be signed by the responsible official(s) of permittee or co-permittees

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that Qualified Personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for willful violations.

Name _____ Title _____ Date _____

Name _____ Title _____ Date _____

Name _____ Title _____ Date _____

V. Submittal

Deliver two printed and signed copies and one electronic copy (email the report in the Excel format from Ecology's website or send on CD ROM in MS Word format or PDF, on CD ROM of this report by March 31, 2012 to:

Department of Ecology
Water Quality Program
Municipal Stormwater Permits
P.O. Box 47696
Olympia, WA 98504-7696

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VI. Status Report For the Fifth Year Annual Report

Answer all the questions. If your answer is “No,” then in the *Comments* field provide the reasons why, corrective steps taken and proposed, and expected dates that the deadline will be met. If the requirement does not apply to you, mark “NA.”

-
1. YES ☐ NO ☐ **Attached** annual written update of Permittee’s Stormwater Management Program (SWMP), including applicable requirements under S5.A.3 and S9.

Comments:

-
2. YES ☐ NO ☐
NA ☐ **Attached** a copy of any annexations, incorporations or boundary changes resulting in an increase or decrease in the Permittee’s geographic area of permit coverage during the reporting period, and implications for the SWMP as per S9.E.3.

Comments:

-
3. YES ☐ NO ☐ Tracked or estimated the cost of development and implementation of the SWMP? (S5.A.4.a.ii)

Comments:

S5.B.1 Public Education and Outreach

4. YES ☐ NO ☐ Developed and fully implemented a public education and outreach strategy designed to reach all of the identified target audiences. **Attach** a description of the number and type of public education and involvement activities. (S5.B.1.b)

Comments:

S5.B.2 Public Involvement and Participation

5. YES ☐ NO ☐ Implementing a program or policy with opportunities for the public to participate in the decision making processes involving the development, implementation and updates of the Permittee’s SWMP. (S5.B.2.a)

Comments:

-
6. YES ☐ NO ☐ Made the most current version of the SWMP available to the public. If posted on website, list address. (S5.B.2.b)

Comments:

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S5.B.3 Illicit Discharge Detection and Elimination

7. YES ☐ NO ☐ Completed at least two-thirds of the map of your MS4. **Attach** a summary of the status of the mapping and updated storm drainage infrastructure information; do not include the map. (S5.B.3.a)

Comments:

-
8. YES ☐ NO ☐ Developed and fully implemented an ongoing program to detect and address non-stormwater discharges to the MS4, including spills, ~~and~~ illicit connections. (S5.B.3.c.i through iv)

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Comments:

-
9. YES ☐ NO ☐ Field assessed at least three high priority water bodies to verify outfall locations and detect illicit discharges. **Attach** a summary of unknown outfalls and illicit discharges discovered, and actions taken to eliminate the illicit discharges. (S5.B.3.c.ii)

Comments:

-
10. YES ☐ NO ☐ Distributed appropriate information to target audiences to inform public employees, businesses, and the general public of hazards associated with illegal discharges. (S5.B.3.d.i)

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Comments:

-
11. YES ☐ NO ☐ Publicized a hotline or other local telephone number for public reporting of spills and other illicit discharges? **Attach** a summary of all reports received and follow-up actions taken during the reporting period. (S5.B.3.d.ii)

Comments:

-
12. YES ☐ NO ☐ Provided adequate training to all staff responsible for identification, investigation, termination, cleanup, and reporting of illicit discharges, including spills, ~~and~~ illicit connections. (S5.B.3.f)

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Comments:

-
13. YES ☐ NO ☐ Provided training to all municipal field staff that as part of their normal job responsibilities might come into contact with or otherwise observe an,

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illicit discharge or illicit connection to the MS4, including office personnel who might receive reports of illicit discharges. (S5.B.3.g)

Comments:

14. YES ☐ NO ☐ Adopted and implemented procedures for IDDE program evaluation and assessment. **Attach** summary of numbers and types of illicit discharges identified; inspections made; and any feedback received from public education efforts. (S5.B.3.e)

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Comments:

S5.B.4 Construction Site Stormwater Runoff Control

15. YES ☐ NO ☐ Adopted and implemented procedures for construction site plan review. (S5.B.4.b)

Comments:

16. YES ☐ NO ☐ Reviewed *Stormwater Site Plans*, including construction SWPPPs for new development and redevelopment projects.
Number of site plans reviewed during the reporting period: ____
Number of SWPPPs reviewed during the reporting period: ____
Number of site plans approved during the reporting period: ____
(S5.B.4.b)

Comments:

17. YES ☐ NO ☐ Adopted and implemented procedures for site inspection and enforcement of construction stormwater pollution control measures. (S5.B.4.c)

Comments:

18. YES ☐ NO ☐ Provided adequate training for all staff involved in permitting, plan review, field inspection and enforcement for construction site runoff control. (S5.B.4.b.i and S5B.4.c.ii)

Comments:

19. YES ☐ NO ☐ Inspected construction-phase stormwater controls at new development and redevelopment projects.
Number of sites inspected during the reporting period: ____
Number of enforcement actions taken during the reporting period: ____
(S5.B.4.c)

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Comments:

20. YES ☐ NO ☐ Provided information to construction site operators and design professionals about training available on how to comply with the requirements in Appendix 1 and the BMPs in the SWMMEW, or an equivalent document. (S5.B.4.d and S5.B.5.e)

Comments:

S5.B.5 Post-construction Stormwater management for New Development and Redevelopment

21. YES ☐ NO ☐ Adopted and implemented procedures for post-construction site plan review. (S5.B.5.b)

Comments:

22. YES ☐ NO ☐ Adopted and implemented procedures for post-construction site inspection and enforcement of post-construction stormwater control measures. (S5.B.5.c)

Comments:

23. YES ☐ NO ☐ Inspected post-construction stormwater controls, including structural BMPs, at new development and redevelopment projects.
Number of sites inspected during the reporting period: ____
Number of structural BMPs inspected during the reporting period: ____
Number of enforcement actions taken during the reporting period: ____
(S5.B.5.c)

Comments:

24. YES ☐ NO ☐ Inspected structural BMPs at least once during installation.
Number of BMPs inspected during the reporting period: ____
(S5.B.5.c.ii)

Comments:

25. YES ☐ NO ☐ Provided adequate training for all staff involved in permitting, planning, review, inspection and enforcement for post-construction stormwater control. (S5.B.5.d)

Comments:

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S5.B.6 Pollution Prevention and Good Housekeeping for Municipal Operations

26. YES ☐ NO ☐ Developed and fully implemented the Operation and Maintenance plan for municipal operations. (S5.B.6.a)

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Comments:

27. YES ☐ NO ☐ Inspected stormwater treatment and flow control facilities owned or operated by the Permittee at least once.
Number of known facilities: _____
Number of facilities inspected during the reporting period: _____
(S5.B.6.a.ii)

Comments:

28. YES ☐ NO ☐ Have NPDES permit coverage for all applicable construction projects and
NA ☐ industrial facilities. (S5.B.6.a.i)

Comments:

29. YES ☐ NO ☐ Conducted spot checks of stormwater facilities after major storms.
(S5.B.6.a.ii)

Comments:

30. YES ☐ NO ☐ Provided adequate training for staff with primary construction, operations, or maintenance job functions that are likely to impact stormwater quality.
(S5.B.6.b)

Comments:

S8 Monitoring

31. YES ☐ NO ☐ Attached information identifying the BMP(s) selected for runoff
NA ☐ treatment BMP effectiveness, and describes the status of identification of
sites, if applicable. (S8.C.2.a.iii)

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Comments:

General Conditions

32. YES ☐ NO ☐ Notified Ecology of the failure to comply with the permit terms
NA ☐ and conditions within 30 days of becoming aware of the non-compliance.
(G20)

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Comments:

33. YES ☐ NO ☐ Notified Ecology immediately in cases where the Permittee becomes aware of a discharge into or from the Permittees MS4 which could constitute an imminent threat to human health, welfare, or the environment. (G3)

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Comments:

34. YES ☐ NO ☐ Took appropriate action to correct or minimize discharges into or from the MS4 which could constitute a threat to human health, welfare, or the environment. (G3.A)

Comments:

S4 Compliance with Standards

35. YES ☐ NO ☐ Attached a summary of the status of implementation of any actions taken pursuant to S4.F, and the results of any monitoring, assessment and evaluation efforts conducted during the reporting period. (S4.F.3.d)

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Comments:

A. Information Collection (S8.B.1)

List below either the results of information collected and analyzed during the reporting period, including monitoring data (if any) and how to contact for additional information OR summarize the results of information collected and indicate how more complete information can be obtained.

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B. Evaluation of your SWMP (S8.B & S9)

You are required to assess the appropriateness of the BMPs you have selected to implement your SWMP. This evaluation is necessary to evaluate whether the MEP standard set by the permit is protective of water quality in your receiving water bodies. This assessment may be entirely qualitative. Select "N/A" if you are not yet fully implementing the entire program of BMPs for a component of the SWMP.

-
1. YES ☐ NO ☐ Are the BMPs selected and implemented for Public Outreach appropriate to minimize pollutants in the MS4 to the MEP? (S8.B)
NA ☐

Comments:

-
2. YES ☐ NO ☐ Are the BMPs selected and implemented for Public Involvement appropriate to minimize pollutants in the MS4 to the MEP? (S8.B)
NA ☐

Comments:

-
3. YES ☐ NO ☐ Are the BMPs selected and implemented for Illicit Discharge Detection and Elimination appropriate to minimize pollutants in the MS4 to the MEP? (S8.B)
NA ☐

Comments:

-
4. YES ☐ NO ☐ Are the BMPs selected and implemented for Construction Stormwater Pollution Prevention appropriate to minimize pollutants in the MS4 to the MEP?
NA ☐

Comments:

-
5. YES ☐ NO ☐ Are the BMPs selected and implemented for Post-Construction Runoff Management appropriate to minimize pollutants in the MS4 to the MEP? (S8.B)
NA ☐

Comments:

-
6. YES ☐ NO ☐ Are the BMPs selected and implemented for Good Housekeeping for Municipal Operations appropriate to minimize pollutants in the MS4 to the MEP? (S8.B)
NA ☐

Comments:

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C. Changes in BMPs or objectives (S8.B)

If any of the BMPs or objectives is being changed, list the old BMP and objective, the new BMP and objective, and a justification for the change below.	
1. Old BMP:	Old Objective:
2. New BMP:	New Objective:
Justification for change:	
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